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KELLOGG BRO ATTN: IP LEGAL 601 JEFFERSON . HOUSTON, TX 7	80	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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		<u>_</u>	Jama C	X 1-00	/	(Signature)	
		April 5, 2007			(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DO	CKET NO.	CONFIRMATION NO.
10/708,583 03/12/2004 Avinash Malhotra 04/05/2020/038KSHA63C90000121 110630 10708583 TITLE OF INVENTION: AUTOTHERMAL REFORMER-REFORMING EXCHANGER ARRANGEMENT FOR HYDROGEN PRODUCTION 01 FC:1501 1480.00 DA 02 FC:1504 300.00 DA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	06/22/2007
EXAMINER ART UNIT			CLASS-SUBCLASS	7			
LANGEL, WAYNE A		1754	429-017000	.			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	ence address (or Char 22) attached. ion (or "Fee Address"	(1) the names of up to or agents OR, alternate (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Please check the appropriate	assignee category or o	categories (will not be pr	inted on the patent):	Individual 🖔 Corpe	oration or other	r private grou	entity Government
4a. The following fee(s) are s Issue Fee Publication Fee (No sn Advance Order - # of	submitted: nall entity discount pe	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0400 (enclose an extra copy of this form).					
5. Change in Entity Status (above)					
NOTE: The Issue Fee and Put interest as shown by the record	hlication Fac (if requi	med) will not be appeared	Constant and the same	ger claiming SMALL	ENTITY status	See 37 CFR	1.27(g)(2).
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Typed or printed name	r	Registration No.			· · · · · · · · · · · · · · · · · · ·		
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